

**Insurance Information
For Participants of
Explorius Education AB - Sweden
LF005536SE
Travel Insurance Plan
Elite50 LB non-US/Canada (EUR)**

You are insured during your stay abroad for the period reported by your exchange organization. The insurance cover does not apply in your home country, except during the outward and return journey to or from your place of residence in the host country.

Please note: If you want to extend or shorten your insurance cover, please contact your organization.

Part A: Accident and Sickness Benefits

Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown. Benefits are not provided for Coverages marked “NIL”.

Per Injury or Sickness Maximum for all Injury and Sickness Medical \$2,000,000

Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness: \$ 50

Initial Treatment Period: 30 Days from the date of Injury or Sickness
Coinsurance: In Network: Coinsurance 100% - (Insured is not responsible for amounts over the Network’s allowance.)
 Out of Network: Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges – (Insured is responsible for costs above the Usual, Reasonable, & Customary rate for the service.)
Terms of Payment Full Excess

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit	Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit	URC
Hospital Miscellaneous Expense Benefit	URC
Surgeon (In or Outpatient) Benefits	URC
Assistant Surgeon Benefit	URC
Pre-Admission Testing Benefit	URC
Anesthesia Benefit	URC
Day Surgery Miscellaneous Benefit	URC

Diagnostic X-Ray and Lab Benefit	URC
Ambulance Benefit	URC
Physician Visit Benefit (Inpatient)	URC
Physician Visit Benefit (Outpatient)	URC
Consultant Physician Benefit	URC
Radiation/Chemotherapy Benefit	URC
Emergency Room Benefit	URC, subject to a \$350 copay, waived if admitted
Emergency Dental Expense Benefit	URC
Palliative Dental	URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient	URC
Physiotherapy Expense Benefit – Outpatient	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit	URC
Emergency Medical Evacuation Expense Benefit	100% of actual expense
Emergency Medical Repatriation Expense Benefit	100% of actual expense
Return of Mortal Remains	100% of actual expense
Emergency Reunion	100% of actual expense
Prescription Drug Benefit Covered Percentage	URC
Mental & Nervous Conditions Expense Benefit	Inpatient: Pay at 80% up to \$ 10,000 up the the maximum of 40 days; Outpatient: Pay at 80% up to \$5,000

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

Accidental Death and Dismemberment Benefits

Principal Sum: **\$15,000.00**

(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)

Aggregate Limit: **\$500,000**

Loss of:	Benefit (Percentage of Principal Sum)
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: 100% of actual expense

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This plan is underwritten by Advent Syndicate 780 at Lloyd's.

Advent Syndicate 780 operates within the Lloyd's market which has ratings of "A" (Excellent) from A.M. Best and "A+" (Strong) from S&P.

Important Information about your insurance

Pre-existing Medical Conditions

All Pre-Existing Medical Conditions are excluded from cover under this Insurance Policy.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 6-month period immediately 6 months prior to the date that the Plan Participant's coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 6-month period before coverage is effective under the Plan Participant's Plan.

Deductible case of outpatient treatment

In case of out-patient treatment at a doctor or a specialist you will have a deductible for each claim, which you will have to pay yourself, in the amount listed in the benefit coverage overview. This only applies if your medical insurance plan has an outpatient deductible included and if you use an Emergency Room for treatment that is not medically necessary or does not result in a hospital admission and overnight stay.

Emergency Room Treatment in the USA

The emergency room situation in the US is different from emergency room treatments in other countries. The costs for an emergency room visit in the US are significantly higher than treatments at a walk-in clinic, urgent care center or physician's office.

Please note: You should only go to an Emergency Room in case of a serious or life-threatening accident or illness. for example:

- Head injuries
- Chest pain

- Loss of consciousness
- Life-threatening situations
- Difficulty breathing
- Seizures.

In all other cases, as for example:

- Sports Injuries
- Sore throats
- Minor cuts
- Cold/flu
- Sprains and strains
- Urinary tract infections
- Earaches
- Simple fractures
- Minor burns

please use a Convenience Care, Walk-in or Urgent Care Clinic.

Search for an Urgent Care Clinic: www.aetna.com/docfind/custom/passport
(Please select plan: Passport to Healthcare Primary PPO Network)

You might have to pay 350 USD if you use an Emergency Room for something that is not considered serious or life threatening.

Local Ambulance Services

When you, by reason of Injury or Sickness, require the use of a community or Hospital Ambulance in a Medical Emergency, the insurance will pay a Benefit Amount up to a Maximum shown in the schedule of benefits, within the metropolitan area in which you are located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area.

Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness or if you are in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

Emergency Dental Treatment

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for emergency dental treatment due to Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered. Emergency Dental Treatment shall not include restorative or remedial work, the use of any precious metals, and Orthodontic Treatment of any kind or Dental Surgery performed in a Hospital, unless Dental Surgery is the only Treatment available to alleviate the pain.

Palliative Dental

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Palliative Dental. An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth.

Emergency Medical Evacuation

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Emergency Medical Evacuation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury

which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment

Medical Repatriation

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Medical Repatriation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for you to return to your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss. will be paid for your return to your primary place of residence or to a Hospital or medical facility closest to your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:

a) one-way Economy Transportation;

b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or

c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

Emergency Medical Reunion

When you are hospitalized for more than 5 days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by you from your Home Country to the location where you are hospitalized and return to the current Home Country. The benefits payable will include:

1. The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;
2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
3. Hotel and meals to a maximum of \$100 per day up to the maximum stated in the Schedule of Benefits.

The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

Trip Interruption Benefit

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

Trip Interruption must be due to an Immediate Family Member's death, which occurs while you are on your Trip; provided such circumstances occur while coverage is in effect.

What to do if you become ill abroad

Customer Service

Participants in the USA

If you have questions regarding covered benefits before seeking treatment you may call the Customer Service Hotline. Please contact Customer Service at:

1 800 314 3938

Select the telephone prompts available for after-hours emergency assistance.

Customer Service will also help you to find a medical provider within the independent Preferred Provider Organization network to ensure the direct billing process. If you choose to use another provider outside the network you may have to pay the bill yourself and submit a claim afterwards. For a complete listing of the PPO Doctor or Hospital facilities, you may also visit www.aetna.com/docfind/custom/passport (Please select plan: Passport to Healthcare Primary PPO Network)

Participants in all other countries

Your insurance plan includes a free choice of hospitals, clinics or physicians worldwide. However you should always call the Customer Service Helpline before you seek treatment, to ensure that they can coordinate your case with the physician or specialist. Through the Helpline you can receive recommendations and counseling about treatment facilities that are located in the area where you reside.

Please contact Customer Service at:

+1 818 735 3560

Select the telephone prompts available for after-hours emergency assistance.

Emergency Room Treatment (only in the USA)

In the US you should only go to an Emergency Room in case of a serious or life-threatening accident or illness. The emergency room situation in the US is different from emergency room treatments in other countries. The costs for an emergency room visit in the US are significantly higher than treatments at a walk-in clinic, urgent care center or physician's office.

Please note: You should only go to an Emergency Room in case of a serious or life-threatening accident or illness. for example:

- Head injuries
- Chest pain
- Loss of consciousness
- Life-threatening situations
- Difficulty breathing
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In all other cases. as for example:

- Sports Injuries
- Sore throats
- Minor cuts
- Cold/flu
- Sprains and strains
- Urinary tract infections
- Earaches
- Simple fractures
- Minor burns

please use a Convenience Care, Walk-in or Urgent Care Clinic.

Search for an Urgent Care Clinic: www.aetna.com/docfind/custom/passport

(Please select plan: Passport to Healthcare Primary PPO Network)

If you visit the emergency room for an illness that does not result in direct hospitalization you have to pay a co-payment of USD 350. You will not be charged the emergency room co-payment for treatments of illnesses that require direct hospitalization or serious injuries.

Hospitalization

In the USA

If you are going to be hospitalized for any reason, contact Personal Insurance Administrators, Inc. (PIA), to verify coverage at least 3 days prior to planned hospitalization. If you are hospitalized due to an Emergency Medical Condition, please contact PIA within 24 hours of admission, or as soon as you are reasonably able to. You will need to complete a claim form once you receive the hospital bill.

Call **1-800-314-3938** to find a provider or verify coverage prior to hospitalization. Select the telephone prompts available for after-hours emergency assistance.

Outside the USA

In the event of hospitalization please call the Emergency Hotline within 24 hours. A 24/7 Emergency Service will provide a guarantee of payment to the hospital and settle the bills directly.

Outside the USA call **+1-818-735-3560** for 24/7 emergency assistance when traveling. Select the telephone prompt for emergency travel assistance.